

Filing a Complaint

The Board does not process anonymous or verbal complaints. Any complaint must be in writing and the complainant must be identified and sign the complaint.

What are your rights?

You have a right to expect a professional standard of conduct from a licensed durable medical equipment provider. If you believe a durable medical equipment provider has violated Kentucky statutes or regulations, you may send a written complaint to the Kentucky Board of Durable Medical Equipment. As the body responsible for regulating the profession and protecting the public in matters related to durable medical equipment, the Board will review your complaint and take appropriate action.

How does the complaint process work?

Complaints that have been received in writing at the Board office will be acknowledged immediately by letter. A copy of the complaint will be forwarded to the individual and he/she will be given twenty (20) days to respond. The complaint and response will then be reviewed by the Board members at their next meeting. If no law appears to have been broken, you will receive notification from the Board. If the Board believes a law may have been broken, an investigation will take place. If the Board files formal charges against a licensee as a result of the investigation, an administrative hearing may be held. This formal hearing involves lawyers, a court reporter, a hearing officer and witnesses. If the Board finds that the licensee has not met the prescribed standard of conduct, it has the authority to impose penalties ranging from suspension or loss of a license to a reprimand. A penalty may be reached by agreement between the Board and the licensee.

What might I expect from filing a complaint?

The complaint process is a detailed and careful one, and you should expect some delay. In every case the provider will be informed that a complaint has been filed, the name of the complainant, and the disposition of the complaint. Not every complaint results in disciplinary action by the Board if the individual has not violated the laws governing this profession. If charges are filed, a hearing may be held similar to a court trial, and it is open to the public. You may be subpoenaed as a witness to provide testimony regarding the case. In this event the Assistant Attorney General assigned to the Board will assist you in preparing for the hearing. If the Board orders a specific sanction, the individual has the right to appeal, and a final decision may be delayed in the courts. While you may have an opinion regarding the process and outcome of processing your complaint, please remember that the decisions to dismiss or settle a case or propose disciplinary measures are solely the decision of the Board and may be subject to review by the courts.

If the Board files formal charges or takes formal action against a licensee, most portions of the investigative file will become "public record" which can be viewed by any individual who requests, in writing, to do so. The record may include your written complaint, transcripts, or reports of interviews, letters, and other reports. All testimony and evidence admitted in a formal hearing have the status of public record as well. Patient records obtained in the process of investigation usually can be protected from disclosure as public records.

You will be advised of the final outcome.

How do I make a complaint?

You should complete the complaint form that accompanies this information sheet. Make sure you give all pertinent information. Please sign the complaint form so that the Board may look further into your concerns. If your complaint refers to treatment of a specific patient, the patient must sign the "Client Agreement to Release Information" form as well. Complaints and release forms should be mailed to:

**KENTUCKY BOARD OF DURABLE MEDICAL EQUIPMENT
PO BOX 1360
FRANKFORT, KY 40602**

DATE RECEIVED: _____

COMPLAINT NO.: _____

**KENTUCKY BOARD OF DURABLE MEDICAL EQUIPMENT
Complaint Form**

Person Filing Complaint

Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Day Telephone: (____) _____ Evening Telephone: (____) _____

Name of Durable Medical Equipment Provider

Name: _____

Business Name: _____

City: _____ State: _____ Zip Code _____

Day Telephone: (____) _____

**Name of Patient
(if applicable)**

Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Day Telephone: (____) _____ Evening Telephone (____) _____

Relationship to person filing complaint:

Name and phone number of any persons who may provide additional information

1. Name _____ Telephone: (____) _____ Type of Information _____

2. Name _____ Telephone: (____) _____ Type of Information _____

3. Name _____ Telephone: (____) _____ Type of Information _____

4. Name _____ Telephone: (____) _____ Type of Information _____

Brief Summary of Complaint

(Please be as specific as possible regarding names, dates locations, and actions which you believe to be improper, unethical or unprofessional.) Please attach copies of any documents or records pertinent to your complaint.

Lined area for writing the complaint summary.

By signing this complaint form, I hereby certify that the information is complete and true to the best of my knowledge.

Signature: _____ Date: _____

Send to: KENTUCKY BOARD OF DURABLE MEDICAL EQUIPMENT
PO BOX 1360
FRANKFORT KY 40602-1360